

Write P.A. with Unfading Ink.—This is a Permanent Record.
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with the Local Registrar within 5 days after birth.

PLACE OF BIRTH				ARIZONA TERRITORIAL BOARD OF HEALTH BUREAU OF VITAL STATISTICS.			
County of <u>Gila</u>				CERTIFICATE OF BIRTH. Ter. Index No. <u>111</u>			
District of _____				Register No. <u>107</u>			
Town of _____				St.; _____ Ward)			
City of <u>Globe</u> (No. _____)							
FULL NAME OF CHILD <u>Lorraine Jane</u>				Born <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If child is not named, make Supplemental report on blank obtainable from local registrar.							
Sex of Child <u>Female</u>	Twin, Triplet or other <input checked="" type="checkbox"/>	and Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>Oct. 30</u>	19 <u>09</u>		
FATHER				MOTHER			
Full Name <u>Walter H. Zane</u>				Full Maiden Name <u>Marie Johana Koch</u>			
Residence <u>Cor. S. East & Oak</u>				Residence <u>Same</u>			
Color or Race <u>White</u>	Age at last Birthday <u>20</u>	(Years)		Color or Race <u>White</u>	Age at last Birthday <u>19</u>	(Years)	
Birthplace <u>Columbus, Ohio</u>				Birthplace <u>Montague, Michigan</u>			
Occupation <u>Blacksmith</u>				Occupation <u>Housewife</u>			
Number of child of this mother <u>1</u>		Number of children, of this mother, now living <u>1</u>		Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Oct 30, 1909, at 19 M.

*When there is no attending physician or midwife, then the householder should make this return. See instructions on back.

(Signature) C. J. Sturgeon
 (Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report _____ 19 _____

Filed Oct 31 1909

Address 138 S. 1st St. W.

295-1030-428

Filed Nov 1 1909

B. S. Fox W.D.

COUNTY REGISTRAR.

LOCAL REGISTRAR.
 COUNTY REGISTRAR.